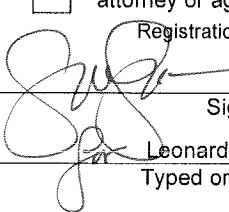


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 0259-0411P																									
Application Number 10/019,387-Conf. #6340		Filed March 26, 2003																									
For USE OF HYALURONIC ACID DERIVATIVES FOR THE PREPARATION OF PHARMACEUTICAL COMPOSITIONS AND BIOMATERIALS FOR THE PREVENTION OF THE FORMATION AND CURE OF CUTANEOUS SCARS																											
Art Unit 1615		Examiner D. L. Vanik																									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 15%; text-align: center;"><u>Fee</u></th> <th style="width: 15%; text-align: center;"><u>Small Entity Fee</u></th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$60</td> <td style="text-align: right;">\$ 120.00</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$460</td> <td style="text-align: center;">\$230</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1050</td> <td style="text-align: center;">\$525</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1640</td> <td style="text-align: center;">\$820</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2230</td> <td style="text-align: center;">\$1115</td> <td style="text-align: right;">\$</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u>. I have enclosed a duplicate copy of this sheet.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>30,330</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34.</p> <p style="text-align: center;">Registration number if acting under 37 CFR 1.34 <u>#47,604</u></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="text-align: center;"> _____ Signature</p> <p style="text-align: center;">Leonard R. Svensson _____ Typed or printed name</p> </div> <div style="width: 45%; text-align: center;"> <p>April 14, 2008 _____ Date</p> <p>(858) 792-8855 _____ Telephone Number</p> </div> </div> <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small></p> <p><input type="checkbox"/> Total of <u>1</u> forms are submitted.</p>					<u>Fee</u>	<u>Small Entity Fee</u>		<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 120.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$
	<u>Fee</u>	<u>Small Entity Fee</u>																									
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 120.00																								
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$																								
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$																								
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$																								
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$																								